OPIATE USE IN THURSTON/MASON COUNTIES/PROPOSED INTERVENTION

June 2001

Thurston County Public Health and Social Services

EMERGING OPIATE USE TRENDS

1. Growing heroin-using population in Thurston/Mason Counties.
   - Outpatient heroin detox encounters have consistently increased from 1997 – 2000:

	1997	1998	1999	**2000**
Patient visits	96	124	137	**253**

Thurston County Health Department (TCHD)/SEAMAR

   - Inpatient heroin detox admissions have surpassed alcohol detox admission for the first time in the history of drug detox in Thurston/Mason Counties: May, 2001

Drug	# of admissions
alcohol	15
meth	3
cocaine	0
heroin	**20**
other	4
Total	42

Providence St. Peter Chemical Dependency

2. Significant number of Thurston/Mason County residents participating in Pierce and King County Methadone Programs (Division of Alcohol and Substance Abuse):
   - There were **127** Thurston County and **27** Mason County assessments for opiate substitution treatment in King County during January 1 – February 23, 2001.
   - On June 1, 2001 there were thirty-six Thurston County residents participating in Opiate Substitution Treatment and six participating from Mason County.

3. Heroin availability (Thurston County Narcotics Task Force and Sheriff's Department, TCHD)
   - Heroin is more potent now than in the past. There are heroin dependent individuals being admitted in detox who snort and smoke heroin. This method was unheard of in past years. This mode of use is especially attractive to adolescents who perceive this as less harmful.
   - Heroin costs less now than in the past. A person can purchase one use of heroin for $20. Heroin is available in numerous areas in Thurston and Mason Counties. Thurston County has high drug trafficking, because Thurston County is on the Interstate 5 corridor.

4. Syringe exchange program reaches many heroin users (Thurston County Health Department)
   - 268,000 syringes were exchanged in 2000. Approximately 70% of syringes exchanged at county syringe exchange are those of heroin drug injectors.

5. Heroin injectors are at high risk of transmitting HIV/AIDS, Hepatitis A, B, and C to needle sharing partners, sex partners and their children. (Thurston County Health Department)

INTERVENTIONS TO STOP HEROIN USE

1. Drug treatment: abstinence models
    - Inpatient drug treatment and counseling (28 day-12 months)

Inpatient drug treatment is available to heroin users even if they have no health insurance or funds to purchase drug treatment. Alcohol Drug Abuse Treatment Act (ADATSA) is the WA State funded program that pays for inpatient and outpatient drug treatment. The average wait time for entrance to inpatient drug treatment is between eight and twelve weeks. It is very common for heroin users to apply for drug treatment and after a few weeks of waiting, lose resolve and not enter treatment.

Outcomes for inpatient drug treatment are uncertain. One of the primary reasons for relapse after in-patient drug treatment is return to their familiar surroundings. It's nearly impossible for heroin users to stay clean and sober after treatment if other heroin users that are in active addiction surround them.

- Outpatient drug treatment and counseling

Out-patient drug treatment can be harder to qualify for, since it is based on WA State eligibility requirements and that drug users must be clean and sober for ninety days to gain access. The WA Department of Health encourages those who are not ninety days clean and sober to seek in-patient drug treatment.

- Refer to 12 step meetings

Twelve Step meetings such as Narcotics Anonymous and Alcoholics Anonymous have no financial screening or dues to pay. The meetings are held every day and in many areas in Thurston/Mason Counties. Most successful heroin users who get and stay clean utilize twelve step meetings as part of their comprehensive treatment plan. Because not all heroin users are interested in the twelve step programs, inpatient and outpatient drug treatment programs are better referrals for those individuals.

2. Law Enforcement
    - Drug court
    - Jail, prison, electronic home monitoring

METHADONE TREATMENT

A. Methadone treatment summary

- Methadone treatment began in the US in 1963.
- There are over 2000 methadone treatment programs in the US today.
- Evaluation studies have consistently shown methadone treatment to be effective in reducing drug use and crime and in enhancing social productivity.
- More recent studies demonstrate that methadone treatment is an effective method for preventing the spread of HIV, Hepatitis, and tuberculosis among injection drug users.
- Methadone treatment programs are financially self-sustaining. They include a mix of private pay and publicly funded clients: approximately 40% private pay and 60% medicaid eligible.

B. Methadone clinic model:

- Oral administration of Methadone (removes risk for HIV/AIDS and Hepatitis infection).
- Attendance for observed dosing with Methadone 6 days a week for the first 90 days (methadone);
- At least once per month observed urinalysis
- Primary counselor assigned; weekly counseling for at least the first 90 days
- Counseling, drug treatment and other services as needed by each individual (ie: group therapy, psychiatry, mental health counseling, primary care, etc.)
- Additional education, i.e., HIV/HCV, family planning

C. Methadone treatment outcomes (Management Report: "Determining the Value of Opiate Substitution Treatment, Dept. of Social and Health Services, Division of Alcohol and Substance Abuse, January, 2000):

n=622

- 59% reduction in drug offense arrests
- 62% reduction in property crime arrests
- 54% decline in overall arrests
- 58% reduction in medical hospital admissions
- 65% decrease in Emergency Room visits
- 54% drop in major health care service utilization
- 44% decline in psychiatric hospitalizations
- 12% reduction in public assistance utilization

NEED FOR PUBLIC POLICY REVIEW

1) Why should this issue be a Thurston/Mason County concern?

2) Change in drug use patterns: heroin has been a primary drug used and injected in Thurston/Mason Counties, and is now increasing (as seen in inpatient and outpatient detox, drug arrests, syringe exchange data)

3) May 11, 2001, The Governor of Washington State signed a bill (SSB#5417) that will take effect on July 22, 2001. SSB#5417 was signed by the WA State Senate President on April 16, 2001 and by the Speaker of the House on April 18, 2001. This law allows the State of Washington to expand Opiate Substitution Treatment Programs. Opiate Substitution Treatment program expansion has been seen, as a need for many years to meet the growing demands for Opiate Substitution Treatment on a statewide basis.

4) The State Division of Alcohol and Substance Abuse (DASA) has long recognized the need to expand opiate substitution treatment for Washington State clients. DASA anticipates funding a minimum of two new sites/counties in the near future.

5) Many local heroin dependent individuals do not access methadone treatment based on transportation limitations. With availability hampered by current geographic barriers, clients must travel long distances to other counties on a daily basis to receive treatment.

POLICY CHOICES

1) Continue current efforts by encouraging heroin users to seek available drug treatment and when using injectable opiates to utilize the Health Department Syringe Exchange Program.

2) Institute an Opiate Substitution Treatment Program in Thurston/Mason Counties.

- All current efforts would continue and be available
- Opiate Substitution (Methadone) would be one of a few options for heroin users to become clean and sober.